

Individual Non-Core Participant Module
Client Profile (for Child or Adult)

Program Name:

Client's <u>first</u> name as it appears on birth certificate:		Client's <u>middle</u> name: <i>(optional)</i>	
Client's current <u>last</u> name:		Client's <u>maiden</u> name (if applicable): <i>(optional)</i>	
Mother's <u>first</u> name:	Client's date of birth: mm / dd / yyyy	Client gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth: <input type="checkbox"/> If born in California, specify <u>county</u> : _____ <input type="checkbox"/> If born in other U.S. state, specify <u>state</u> : _____ <input type="checkbox"/> If born in other country, specify <u>country</u> : _____			Note: if client declines to specify place of birth, you may note as "unknown" under any category
Street Address: <i>(optional)</i>			
City, State: <i>(optional)</i>		Zip code:	
Phone number: <i>(optional)</i> ()	Consent date: mm / dd / yyyy	Date of first service: mm / dd / yyyy	
Ethnicity (check <i>all</i> that apply): <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Alaska Native or American Indian <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian </div> <div style="width: 30%;"> <input type="checkbox"/> Black/African-American <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Mexican, Mexican-American, Chicano <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central American <input type="checkbox"/> Other Hispanic/Latino </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Unknown </div> </div>			
(For child only) Has this child been identified with any disabilities or special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
What language does the family speak most often at home? (check <i>ONE</i> box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mostly English <input type="checkbox"/> English and another language equally (indicate other language below) </div> <div style="width: 45%;"> <input type="checkbox"/> Mostly another language (indicate other language below) <input type="checkbox"/> Unknown </div> </div>			
If language other than English, which language? (check <i>ONE</i> box) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"> <input type="checkbox"/> Cantonese <input type="checkbox"/> Hmong <input type="checkbox"/> Korean <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog (Pilipino) <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (continue with longer list below) <input type="checkbox"/> Albanian <input type="checkbox"/> Amharic (Ethiopian) </div> <div style="width: 20%;"> <input type="checkbox"/> Arabic <input type="checkbox"/> Armenian <input type="checkbox"/> Assyrian <input type="checkbox"/> Bosnian <input type="checkbox"/> Burmese <input type="checkbox"/> Cebuano (Visayan) <input type="checkbox"/> Chaldean <input type="checkbox"/> Chamorro (Guamanian) <input type="checkbox"/> Chaozhou (Chaochow) <input type="checkbox"/> Croatian <input type="checkbox"/> Dutch <input type="checkbox"/> Farsi (Persian) <input type="checkbox"/> French </div> <div style="width: 20%;"> <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Gujarati <input type="checkbox"/> Hebrew <input type="checkbox"/> Hindi <input type="checkbox"/> Hungarian <input type="checkbox"/> Ilocano <input type="checkbox"/> Indonesian <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Khmer (Cambodian) <input type="checkbox"/> Khmu <input type="checkbox"/> Kurdish <input type="checkbox"/> Lahu </div> <div style="width: 20%;"> <input type="checkbox"/> Lao <input type="checkbox"/> Mandarin (Putonghua) <input type="checkbox"/> Marshallese <input type="checkbox"/> Mien <input type="checkbox"/> Mixteco <input type="checkbox"/> Pashto <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Punjabi <input type="checkbox"/> Rumanian <input type="checkbox"/> Russian <input type="checkbox"/> Samoan <input type="checkbox"/> Serbo-Croatian <input type="checkbox"/> Somali </div> <div style="width: 20%;"> <input type="checkbox"/> Swahili <input type="checkbox"/> Taiwanese <input type="checkbox"/> Thai <input type="checkbox"/> Tigrinya <input type="checkbox"/> Toishanese <input type="checkbox"/> Tongan <input type="checkbox"/> Turkish <input type="checkbox"/> Ukrainian <input type="checkbox"/> Urdu <input type="checkbox"/> Other language, specify: _____ <input type="checkbox"/> Unknown </div> </div>			